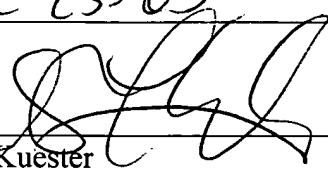




CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

on 2-25-05

Jeffrey R. Kuester

In Re Application of:

Rodriguez, A.

Serial No.: 09/879,307

Filed: June 12, 2001

Confirmation No.: 3285

Group Art Unit: 2623

Examiner: Parsons, C.

Docket No.: A-7041 (191910-1850)

For: System and Method for Media Processing with Adaptive Resource Access Priority Assignment

The following is a list of documents enclosed:

- Return Postcard
- Amendment Transmittal Page
- Petition for Extension of Time - 2 months
- Fee Transmittal
- Credit Card Authorization - Authorizing \$450.00
- Response to Non-Final Office Action

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

AMENDMENT TRANSMITTAL LETTER (LARGE)Applicant(s): **Rodriguez, Arturo A.**

Docket No.

A-7041 (191910-1850)Serial No.
09/879,307Filing Date
June 12, 2001Examiner
Parsons, Charles E.Confirmation No.
3285Group Art Unit
2623Invention: **System and Method for Media Processing with Adaptive Resource Access Priority Assignment****Commissioner for Patents
Mail Stop Amendment
P.O. Box 1450
Alexandria VA 22313-1450**

Transmitted herewith is Response to Non-Final Office Action in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	34 -	0 =	0	X \$50.00	\$0
INDEP. CLAIMS	3 -	0 =	0	X \$200.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$360.00	\$0
EXTENSION FEE	1 ST MONTH <input type="checkbox"/> \$120.00	2 ND MONTH <input checked="" type="checkbox"/> \$450.00	3 RD MONTH <input type="checkbox"/> \$1,020.00	4 TH MONTH <input type="checkbox"/> \$1,590.00	\$450.00
Other Fees:					\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$450.00

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. _____ in the amount of _____.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$450.00.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.



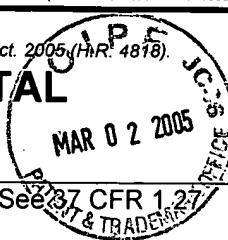
Jeffrey R. Kuester, Reg. No. 34,367**2-25-05**

Date

Effective on 12/08/2004
Fees Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

FEE TRANSMITTAL

For FY 2005



Complete if Known

Application Number **09/879,307**
Filing Date **June 12, 2001**
First Named Inventor **Rodriguez**
Examiner Name **Parsons**
Art Unit **2623**
Attorney Docket No. **A-7041 (191910-1850)**

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$450.00)**

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):
☐ Deposit Account Deposit Account Number: **20-0778** Deposit Account Name: **Thomas, Kayden, Horstemeyer Risley, L.L.P.**
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	Filing Fees		Search Fees		Examination Fees		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

2. EXCESSIVE CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	34	0
Extra Claims	0	0
Fee (\$)	50	0
Fee Paid (\$)	0	0
HP = highest number of total claims paid for, if great than 20		
Indep. Claims	3	0
Extra Claims	0	0
Fee (\$)	200	0
Fee Paid (\$)	0	0
HP = highest number of total claims paid for, if great than 3		
Multiple Dependent Claims		
Fee (\$)	360	0
Fee Paid (\$)	0	0

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 USC 41(a)(1)(G) and 37 CFR 1.16(s)

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 =	/50=	(round up to a whole number) x	250 =	0

4. OTHER FEE(S)

	Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	0
Other: 2 month Extension of Time - (LE)	450.00

SUBMITTED BY

Signature		Registration No. 34,367	Telephone Number 770-933-9500
Name: (Print/Type)	Jeffrey R. Kuester	Date:	7-25-05